JACC Vol. 24, No. 3
September 1994:841–2

ACC NEWS

President's Page: The Campaign Theme—Choice

DANIEL J. ULLYOT, MD, FACC
President, American College of Cardiology

The College's efforts to contribute to the public debate about health system reform were launched on June 12 with a full-page advertisement in the Sunday *New York Times*. In the ensuing two weeks, ads also appeared in *Time Magazine*, the *Los Angeles Times*, the *Portland Oregonian* and the *New Orleans Times Picayune*. The message emphasized choice and the importance of having access to the right doctor at the right time.

Perhaps some explanation is due the membership about why the College leadership elected to make choice the centerpiece of the campaign.

Public concern. The American people are understandably confused about health system reform. Polls show that the public is generally quite satisfied with its health care and its individual physicians. It is told on the one hand that there exists a health care crisis in this country and on the other that we have the finest health care in the world. Issues such as insurance market reform (community rating, portability), financing (new taxes, employer mandates, individual mandates), government regulation (National Health Board, price controls, National Workforce Commission) and the composition of the benefits package (preventive health, mental health, long-term care, abortion services) have created doubts about whether health system reform will bring about positive change without destroying the many aspects of health care that Americans hold dear. There is increasing public concern that health system reform, based as it is on cost containment and universal access, might fail to contain costs and result in increased access to mediocre health care.

The College leadership believes that our issue is to speak out on what we know best, namely, the care of patients. The result of any health system reform should be to ensure appropriate, high quality health care. But what exactly is health care? Health care in its purest expression is that highly personal, intimate interaction between a person seeking help and another with the knowledge, training and professional commitment to provide that help. Health system reform must preserve the integrity of this interaction. As heart specialists we can illustrate the importance of this message with clarity. For a patient with heart disease the right doctor at the right time literally can be lifesaving.

The issue of choice has been framed as choice of health plan; yet many plans limit choice of physician by excluding physicians from participation, thus creating financial incentives to limit specialty consultation, and by subordinating physician autonomy to the financial interests of the plan and increasingly to the interests of managers and investors. What *we* mean by choice is choice of physician and a voice in clinical decision making as, for example, access to specialty care.

Beneficence. As we elaborate on the theme of choice—choice of physician—we point out the ethical tenants that are in jeopardy. The fundamental ethic that has guided medicine for centuries is *beneficence:* the patient's interests placed above all others. For the patient to put himself or herself in the hands of another there must be trust. If there is doubt about whether the physician places the patient's interests first, trust is destroyed, and the fragile doctor/patient interaction that we call medical care is lost. Medical care as we know it will not endure if the doctor is seen as the agent of a plan or insurance scheme rather than as the patient's advocate. Access, choice and quality are interdependent characteristics of the beneficent relationship between doctor and patient.

Patient autonomy. The other medical ethic in jeopardy is patient autonomy. The notion that patients should have a voice in the decisions that affect their health and well-being has gained ascendancy in recent decades. "Doctor knows best" has given way to "informed consent" and active participation by the patient in clinical decision making. Choice emphasizes the principle of patient autonomy.

Point of service option. It is gratifying to see the issue of choice begin to resonate in the public debate. Others have also taken up the mantle of choice. The College has joined the Access to Specialty Care Coalition, which has framed the issue as follows: *Any* plan must offer a "point of service" option in which a patient can choose to obtain care outside the plan,

Address for correspondence: Daniel J. Ullyot, MD, 1828 El Camino Real, Suite 802, Burlingame, California 94010.

0735-1097/94/$7.00

JACC Vol. 24, No. 3
September 1994:841–2

albeit at some increase in costs to the patient. The American Medical Association's Patient Protection Act also includes a point of service option and requires managed care plans to disclose financial arrangements that create incentives to limit or withhold care. The College strongly supports the Patient Protection Act.

The House Ways and Means Committee markup requires that *all* health plans must allow patients to go out of network for specialty care (Brewster Amendment). This point of service requirement would allow any patient at any time to turn to the physician of his or her choice and not be forced to "choose" from among a short list selected by an insurer or managed care plan. The Senate Finance Committee markup calls for at least one point of service option to be made available at the point of enrollment.

The next phase. The next phase of our campaign is to form coalitions with others pointing out the importance of choice in preserving the professional and ethical qualities of medicine and to elaborate further on the theme of choice. The message will be carried by our membership at national and local forums and to our patients in our offices.

If choice is preserved, Americans can embrace health system reform, confident that the personal interaction between physicians and patients will endure and that the high quality of our medical care will continue however we rearrange the delivery structure.